

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Received by (Please Print Clearly) _____ B. Date of Delivery <u>11/14/02</u></p> <p>C. Signature <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: _____</p>
<p>1. Article Addressed to: <u>11-14-02</u></p> <p style="margin-left: 40px;">* 01-348</p> <p style="margin-left: 40px;">Mark A. Balkin Hardy, Carey & Chautin, L.L.P. 110 Veterans Boulevard Suite 300 Metairie, LA 70005</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Copy from service label) <u>0023 0771 3075</u></p>	

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

DOCKET NO. 01-348

CERTIFIED
MAIL

ORDER DATED
<u>11-14-02</u>
DA <u>02-3173</u> FEE
MIMEOGRAPH NO.

RETURN RECEIPT REQUESTED

NAME: Mark A. Balkin
Hardy, Carey & Chautin, L.L.P.
110 Veterans Boulevard
Suite 300
Metairie, LA 70005

C. R. R. NO. _____

BY _____

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:													
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; font-size: 0.8em;">Postage</td> <td style="width: 20%; text-align: center;">\$ <u>1.60</u></td> <td rowspan="4" style="width: 40%; text-align: center; vertical-align: middle;"> <div style="font-size: 0.8em;">Postmark Here</div> <div style="font-size: 1.5em; font-weight: bold;">NOV 27 2002</div> </td> </tr> <tr> <td style="font-size: 0.8em;">Certified Fee</td> <td style="text-align: center;">\$ <u>2.30</u></td> </tr> <tr> <td style="font-size: 0.8em;">Return Receipt Fee (Endorsement Required)</td> <td style="text-align: center;">\$ <u>1.75</u></td> </tr> <tr> <td style="font-size: 0.8em;">Restricted Delivery Fee (Endorsement Required)</td> <td style="text-align: center;">\$ <u>0.00</u></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Total Postage & Fees</td> <td style="border: 1px solid black; padding: 2px;">\$ <u>4.65</u></td> <td></td> </tr> </table>	Postage	\$ <u>1.60</u>	<div style="font-size: 0.8em;">Postmark Here</div> <div style="font-size: 1.5em; font-weight: bold;">NOV 27 2002</div>	Certified Fee	\$ <u>2.30</u>	Return Receipt Fee (Endorsement Required)	\$ <u>1.75</u>	Restricted Delivery Fee (Endorsement Required)	\$ <u>0.00</u>	Total Postage & Fees	\$ <u>4.65</u>		<p>Name (Please Print Clearly) (to be completed by mailer) <u>MARK A. BALKIN</u></p> <p>Street, Apt. No., or PO Box No. <u>110 VETERANS BOULEVARD SUITE 300</u></p> <p>City, State, ZIP+4 <u>METairie LA 70005</u></p>
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PS Form 3800, July 1999
See Reverse for Instructions

7000 0600 0023 0771 3075